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HINTS TO ARMY SURGEONS.

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It may be thought impertinent, in one who is exclusively a chemist, to venture any suggestions for the consideration of surgeons, now employed in the armies of the United States; but it should be remembered that I have spent much of my life in the study of medicine and surgery, and have had uncommonly good opportunities for observing military surgery in France, after the revolution of July, 1830, and in the insurrection of June, 1832. This must be my apology for obtruding a few remarks, which, though they may not be new to many surgeons, will perhaps be useful suggestions to some, and especially to those who have heretofore had no opportunities for improvement in this kind of knowledge.

Gun-shot wounds, I know, have much changed in character since the introduction of improved projectiles—the minié and slug balls in particular; and therefore improved instruments, adapted to the extraction of such balls and the fragments of bone, should have been prepared. The old-fashioned ball-forceps, adapted to the extraction of a round bullet, are entirely unfit for the extraction of a minié ball or conical slug. Charrier's polypus forceps are vastly preferable, for instead of dilating at the orifice of a wound, where it is most tender, they actually, for the diameter of any bullet, diminish as to the space they occupy, owing to the crossing of the blades below the fulcrum. This instrument is the best I have ever used for the extraction of a ball, or of fragments of bones, bits of cloth, and other foreign bodies carried into a wound. They are strong enough, and yet are light and portable, serving in place of the common dressing forceps, for all common operations, while they are amply sufficient for the removal of a ball. They are also so light, that they will, in most cases, serve in place of the probe, in explorations, and are long enough to reach to any required depth into a wound. I therefore recommend them to all army surgeons, who, if they are not supplied with them now, will find them to be an exceedingly valuable addition to their operating or dressing cases. I brought from France the first pair of these instruments ever seen in this country, and Dr. John C. Warren borrowed them and had others made here for his own use, and for the Massachusetts General Hospital.

When a round ball strikes a cylindrical bone, it simply breaks it, and not unfrequently the ball itself is split into two pieces, or it is flattened and glides off into the soft parts. The round-ball forceps are not fit for the extraction of the fragments of lead, nor of the comminuted fractured bones. If a round ball strike a bone, having in its interior a mass of cancellated structure, such, for instance, as the condyles of the knee-joint, the bone is not fractured into fragments, but the ball penetrates the hard shell on the exterior, and beds itself in the cancellated bone, if it does not pass entirely through the joint. If it does pass through, the orifice of exit of the ball will be much larger than where it entered, and there will be some splinters of the hard shell of bone torn off, and the proportion of these fragments will be greater, in direct ratio to the diminished velocity of the ball.

The minié ball, when it strikes the shaft of a long cylindrical bone, generally splits it for a considerable distance, especially if it strikes the bone fairly in its middle. The ball itself is more rarely divided, though it is flattened and compressed sometimes on its sides, when it is not supported, owing to its cavity at the base. If it strikes the side of a bone, it glances to one side very strongly, and will not be found in the direction in which it entered, and it is often very difficult to find where it is lodged, until inflammation reveals the spot.

In order to compare the effects of the common round and the conical minié ball, I took eight one inch pine boards and nailed them together, and then fired the two kinds of balls through the mass of board from a rifled carbine. The round ball made a hole gradually enlarging as it entered, and splintered the board somewhat; but the minié ball entered the first thickness of boards, making a smooth round hole, but split the further half of them all to pieces, tearing off, as it passed out, large splinters of the wood. The effect of a ball, the force of which is partially suspended, will evidently be more destructive than when having its full velocity. It is observed, too, by all who have used a minié rifle, or any of the breech-loading guns, that in close action the men are more likely to over-shoot their adversaries, than they would be if they employed the common musket or rifle, not prepared for long range. Indeed, many of the breech-loading guns I have seen, have no provision for sighting at near objects, and it is difficult to hit a mark nearer than one or two hundred yards; therefore soldiers will really run much less risk, in charging boldly upon troops employing these weapons, than by carrying on a distant fusilade.

Leaving this subject, let me ask our army surgeons to prepare statistical tables of their operations in which they use anæsthetic agents; whether ether, chloroform, or the mixture of these two anæsthetics. It is very desirable that we should have the means of making a careful comparison of the effects of ether and of chloroform, and especially as to the ultimate effects they may produce on the healing of wounds. Ether is known not to delay or prevent healing by first intention. Is it true also with regard to chloroform?

We wish, also, by an extensive tabular statement of cases, to compare the mortality of operations under these two anæsthetics, and also with those in which four measures of ether and one measure of chloroform are employed; this being the preparation I have recommended for army use, in case the surgeons cannot carry so bulky an article as ether.

The subjoined table of a few cases, from *Benisson's Méthode Anesthésique,* will perhaps serve as a model for the record, and those who please may add more side columns for such other remarks as they may wish to enter on the record.

Table of Cases.

No.	*Date.*	*Nature of Operation.*	*Sex.*	*Age.*	*Anæsthetic.*	*Healed.*	*Died.*
	1847						
1	March 4	Amputation left arm	man	43	Ether.	In 20 ds.	
2	" 22	" right leg	man	30	"	23 ds.	
3	April 25	" left thigh	man	22	"	15 ds.	[ritonitis
4	May 3	Lithotomy by perineum	boy.	11	"		17th d., pe-
5	" 28	Extirp. rt. br'st; cancer	wom.	59	"		5th d., pleu-
6	Aug. 12	" cancer rt. breast	wom.	30	"	12 ds.	risy.
	1848						
7	Aug. 3	Amputation rt. leg	man	36	Chloroform	15 ds.	
8	July 10	" rt. arm	man	23	"	20 ds.	
9	Aug. 3	Extirp. cancer rt. br'st	wom.	36	"	1 mo.	
10	March 3	Cancer of the lip, tumor involving the sub-hyoidean region.	man	40	"		12 ds. aft. opera.

Remarks may be added in full, by reference to the numbers, so that all the particulars which cannot be conveniently tabulated may be introduced; such as a description of the disease for which the operation was performed, the condition of the patient, the time which the operation required, the treatment after the operation, and, in cases of death, the opinion of the surgeon as to the cause.

THE CYSTICERCI OF TÆNIA IN MAN.

(Continued from page 545, vol. lxiv.)

SPECIAL CHARACTER OF THE CYSTICERCI OF TÆNIA OBSERVED IN MAN.—In summing up the observations of writers, we find the following cysticerci of tænia have been met with in man:—the C.

echinococcus, C. turbinatus, C. melanocephalus, C. solium (cellulosæ), C. tenuicollis, and possibly C. serratus (pisiformis)(?).

The C. echinococcus (acephalocyst), not invaginated, presents the following peculiarities: its body oval, one eighth to one half of a millimetre in length, its surface covered with minute granulations or smooth when mummified. Head quadrilateral, armed with a double row of tenacula, usually thirty or forty in number, sometimes over one hundred, whose greatest length is $0^{mm},035$, which are arranged about a blunted rostrum furnished with four suckers and separated by a constricted portion from the body (bladder or caudal vesicle). The caudal vesicle is filled with an uncolored liquid, its inner surface covered with rounded corpuscles, of variable number, and is terminated by a depressed cicatricule, by means of which, with the assistance of a short pedicle, the animal adheres to the maternal echinococcus.

The maternal echinococcus or hydatid vesicle is covered with a spherical envelope, of variable regularity, formed by concentric layers, more or less thick and distinct, of an amorphous, hyaline, elastic, friable matter, produced by secretion from the body of the echinococcus. The last is distended with liquid, and is spread out on the inner surface of this envelope in the form of a very thin yellow membrane, whose inner surface is studded with young and adult echinococci, which present themselves to the naked eye of the observer as very minute granules. The young echinococci change gradually into mother or producing echinococci. These last may also contain other mother echinococci, and daughter or secondary hydatid vesicles, whose number and development vary, to the extent of three, four or five successive generations.*

The primitive generating echinococcus has at times a diameter of more than $0^{m},15$. Its spherical form is often altered by the peculiarities of structure or vicinity of the organ in which it is lodged. It is like all the cysticerci of the tænia, contained in a fibrous cyst, with which it has no adherence. The C. echinococcus changes into the tænia echinococca, found in the intestinal canal of the dog.

The C. turbinatus, whose caudal vesicle, of variable form, round, elliptic, irregular, containing a transparent liquid holding in suspension certain whitish flakes, offers no other special peculiarity, is characterized by its orifice of invagination of crescentic form, often difficult to find; its cephalic portion is curved in a spiral, and appears like a nucleus laterally flattened in the manner of a lentil. The tenacula are slender, twenty-four to thirty-two in number, the larger attaining a length of $0^{mm},20$, the smaller $0^{mm},14$. The cephalic extremity is not colored, or more or less tinged with pigment, round or quadrilateral to a greater or less degree. One can vaguely distinguish the traces of a cephalic vesicle or cavity

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* The hydatid vesicles become at times sterile in the second generation. They then are designated by the name of acephalocyst.

(receptaculum capitis) situated between the four suckers, whose form is slightly elliptic, and the rostellum, which is hemispherical.[*] The C. turbinatus differs from the C. solium, in the form of its tenacula, they being much more slender; in their greater length, and especially by their spiroid form of invagination. The C. turbinatus becomes the tænia turbinata (?) as yet unknown.

The C. melanocephalus is closely related to the C. tenuicollis. Its tenacula are strong and massive, $0^{mm},17$ and $0^{mm},12$ in length, in the person observed. The invagination is cylindrical, and may be double. Its cephalic extremity is quite broad, and measures one millimetre. The neck only has $0^{mm},2$ in breadth. A very abundant deposit of pigment in the form of a crown surrounds the base of the tenacula and the rostellum which is hemispherical.

This species of cysticercus is probably allied to the tænia melanocephala that Van Beneden found in the intestine of the mandril *(simia maimon)*, and classed in the group of tænia destitute of tenacula; an error, I believe, arising from an imperfect examination. "The tænia melanocephala has neither rostellum nor tenacula; (?) the suckers are proportionally small; the head slightly larger than the neck. The most remarkable characteristic of this tænia is the extraordinary breadth of the segments relatively to the narrowness of the neck and head. Patches of pigment are seen on the suckers and about them, giving the animal its specific name."[†]

The C. solium (C. cellulosæ, *cysticerque ladrique)* offers the following characteristics according to Rudolphi.[‡] "Cyst. capite tetragono, collo brevissimo antrorsum increscente, corpore cylindrico longiore vesicâ caudali ellipticâ transversâ." According to Davaine[§] the orifice of invagination is small, and but slightly visible. The large tenacula $0^{mm},17$ long; the small, $0^{mm},11$. A certain number of longitudinal canals, easily seen, were found in the head; the calcareous capsules were very abundant. The caudal vesicle is variable; it is transversely elliptical only in the muscles. The tenacula are twenty-four to thirty-two in number; their maximum length is $0^{mm},18$ for the large, and $0^{mm},13$ for the small. The longitudinal canals are not always very apparent. The invagination is cylindrical, double, analogous to that of the C. melanocephalus. The C. solium becomes the T. solium in man.(?)[‖]

The C. tenuicollis has much analogy with the C. melanocephalus. It is frequently found in ruminants. In the last, it occurs in a vesicular form, which attains a diameter of sixty millimetres and more. The tenacula are twenty-eight to forty-eight in number—the large measuring $0^{mm},18$ to $0^{mm},21$—the small, $0^{mm},114$ to

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[*] In the observations of some authors, the cysticerci described under the name of C. cellulosæ are probably of the species C. turbinatus, and possibly of other species; though from the vague description it is impossible to specify them.

[†] Gervais et van Beneden, Zoolog. médic. t. ii., p. 243.

[‡] Rudolphi, Entozoor. Synopsis. Berlin, 1819. P. 180.

[§] Davaine, Traité des Entozoaires et des maladies vermineuses. Paris: 1860. P. 21.

[‖] It is probable that the tænia named T. solium in man, forms many species or distinct varieties which possibly are akin in part to the tænia produced by the C. tenuicollis, C. serratus, &c., modified by their residence in the intestinal canal of man, as most assuredly occurs with the bothriocephalus.

0^{mm},15 in length. The suckers have a diameter of 0^{m},32 to 0^{mm},36. A short and thin neck immediately follows the head, generally colored black with pigment. The body of this cysticercus sometimes attains a length of ten centimetres. Its invagination in the caudal vesicle is cylindrical. In the proglottiferous state it forms the tæniæ cysticerco tenuicolli.

The C. serratus *(pisiformis)* of the hare forms vesicles which measure twelve or fifteen millimetres in diameter. It is provided with forty to forty-eight tenacula; the large are 0^{mm},20, 0^{mm},25, and even more; the small are about two thirds as long, up to 0^{mm},145. The head is a globular tetragon and nearly one millimetre broad. The invagination is cylindrical. The C. serratus becomes the tænia serrata.

The Proglottides of the Tænia.—The name of proglottides is given to the rings or segments separated from the body of the cestoid helminth. These proglottides *(vers cucurbitins* of former writers) form as it were moving uteri, which spontaneously detach themselves from the caudal extremity of these helminths,* when the eggs, which they contain in enormous quantities, are matured. The eggs are expelled by the orifices of the genital canals, and mingle with the excrement of the animal they infest. The proglottides which are carried out by the excrement, or escape from the anus, are endowed with life and motion. They can make their way over a distance of many decimetres, crawling like the annelides on surfaces very oblique, even vertical, and perfectly smooth. They adhere by a mucus produced by the epidermis, which is glutinous and transparent, becoming white when immersed in water. During their progress they pour out on their trail a train of eggs. These facts I have proved with the proglottides of the T. solium and T. serrata after their spontaneous escape from the anus. After leaving the intestine they become torpid and soon perish.

The Eggs of the Tænia.—These are slightly oval in form; their diameter is about 0^{mm},03,† and they are covered with a hard, very thick shell, which is composed of prismatic hexahedral corpuscles, arranged side by side, and preserving them from external injury. They have considerable vitality. They continue living for many weeks in the midst of animal matter and putrefying proglottides, resisting even a humid temperature. They are apparently not immediately hatched after being deposited in the intestine, probably because they do not remain long enough, and because they are forced away with the mucus of the intestines or the residue of the digested matters. They continue their development in putrefying substances. Küchenmeister has observed that his experiments of infecting animals artificially with the eggs of tænia succeed best

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[*] The bothriocephalus separates rarely in isolated proglottides; they break in fragments, which are only expelled at longer or shorter intervals from each other. The proglottides of the tænia generally escape from the anus singly.

[†] Those of the tænia solium have 0^{mm},028 to 0^{mm},033. The eggs of the bothriocephalus are twice as long; their form is ellipsoid; their shell envelope very thin, and provided with a small operculum, visible when treated with acid, or when the egg is broken between two plates of glass.

with those proglottides already commencing to putrefy, that is to say, twelve or fifteen days after their expulsion.

The accidental Sterility of the Tænia.—There are some tæniæ completely sterile, and therefore incapable of reproduction. Their eggs are abortive or rudimentary—often without any vestige of an embryo.

The sterile proglottides of the T. serrata or T. solium have generally a square form, are whitish and transparent.

The fertile rings contain a central canal with lateral prolongations, irregular, greyish, opake, filled with an enormous quantity of eggs; they have an elongated quadrilateral form.

I have proved the complete or partial sterility of various species of tænia. It is very common with the T. solium. It sometimes happens that one or many sterile rings are intercallated in the midst of numerous fertile ones. At other times the contrary is seen, and one or many fertile segments are found, as it were, lost amidst the sterile rings.

The artificial introduction of the Embryo of the Tænia into the Economy.—When mature and fertile proglottides are given to animals in their food, their eggs hatch in the intestinal canal from the action of the gastric juice on the envelope, which being of a chitinous nature resolves itself readily into its prismatic elements. The young tæniæ (scolex) perforate with their tenacula* the thin epithelial wall of the intestine, penetrating the adjacent lymphatics or the capillary vessels, whence naturally they are carried on by the circulating current to the ramifications of the intestinal veins, which in turn convey them by the vena porta to the liver. They may stop in the capillaries of this organ, or if their size is not too large, they traverse them, pass into the hepatic veins, cross the right side of the heart, and stop finally in the capillary vessels of the lung. Thus it is that the disease of the lung, called in the calves, &c., calcareous phthisis *(pommilière)*, is occasioned by the presence of the embryo of the tænia (echinococci), there confined. When they can pass through the capillaries of the lung, they enter the pulmonary veins, the left side of the heart, and thence may be borne by the arterial system to any organ of the economy. They are especially arrested in those whose capillary vessels are of the smallest calibre.

Young tæniæ may perforate the walls of the capillaries, and journey for some time in the body of the tissues. They may traverse the serous envelope of an organ, when they have been carried to its surface, as in the liver, whence they drop into the abdominal cavity and attach themselves to any other part.†

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* Though I have made assiduous search, still I have never found the hexacanthe (?) embryo. I have examined the cysticerci of the hare (C. serratus), having less than a centimetre of length, and the echinococci in myriads in man and domestic animals implanted on the producing membrane, at all degrees of development, from $0^{mm},02$ to $0^{mm},03$; and have found them usually with twelve or twenty-four tenacula, once only with eight.

† The presence of cysticerci in the abdominal cavity has thus been explained, but a certain number of embryos undoubtedly enter the subepithelial lymphatic network, remaining in the lymphatic vessels of the

Arrested in the tissues of the body, they there become encysted, while their heads retracting invaginate in the posterior part of the body. This is gradually infiltrated with liquid, is distended, and thus forms the vesicle or caudal bladder. The traces of the depression or terminal cicatricule by which, with the pedicle,* the embryo was fixed to the membranes of the egg, disappear as the distended vesicle enlarges, and the embryo of the tænia in this state forms a sort of larva, now called a cysticercus or deutoscolex, known by the former writers as a hydatid, a hydatid vesicle, lumbricus hydropicus, &c.

These experiments have frequently been repeated, and the results obtained by Kuchenmeister, Von Siebold, Van Beneden, Leuckart, Haubner, Röll, Eschricht, cannot be questioned. It is very difficult to find embryos in the blood of the intestinal veins, owing to their great tenuity; at times, when rabbits are fed with a large quantity of mature proglottides, they die after one or two days, apparently from irritation and inflammation of the intestinal canal and the liver, as proved at the autopsy.

Leuckart has never found an embryo in the hepatic vessels, though he has met with four in the vena portæ. Küchenmeister and Haubner thought the embryo entered the liver by the ductus choledochus, like the liver fluke (distoma, *Leberwurm*), the lumbrici. &c.; but as yet no one has found a free cysticercus in the hepatic ducts or in the gall-bladder.† If the embryo do penetrate the ductus choledochus, it is only exceptionally.‡

The accidental introduction of Embryo of the Tæniæ into the Economy.—If the proglottides or tænia eggs introduced purposely into the intestine hatch, those which are introduced by chance with the food and drink ought by necessity to act in the same way.

The proglottides or eggs of tænia which infest the intestine of man or the domestic animals, being mixed up with the residue of the digested food, remain in the dirt in which certain animals burrow, or are carried by the rain or by other means into the brooks, the pools, the ponds or cisterns. Thus they become a source of infection for men who use these waters, for the animals who drink there, or live in them, such as aquatic birds and reptiles, as well as fish.

The humidity and rain preventing the drying, as well as transporting and preserving these eggs, are eminently fitted for their propagation and infection. Thus in damp and rainy years or seasons the parasites are produced in immense quantities. The infection then takes easily its epidemic character, and rages

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mesentery or of the epiploon. I think this is very frequent in the hare, the cat, &c. The cysticerci are especially found in the lymphatics springing from the intestines.

* This pedicle or umbilical cord is as well seen in the cestoid helminths as in the nematoids. It is readily found in echinococci still attached to the egg-bearing wall. In the bothriocephali and tæniæ, it is only seen in aborted eggs, whose embryo does not completely fill them, nor mask it by the opacity of its body.

† The echinococci that Schröder, Van der Kolk, Bouchut and myself have found surrounded with bile, were not apparently developed in the hepatic vessels; these vessels without doubt were ruptured after being inflamed or distended.

‡ The manner in which the C. cænurus journeyed, according to Kuchenmeister, from the pharynx towards the brain, traversing one of the orifices of the base of the cranium, by an ethmoidal foramen, or by some vessel, is an assertion very problematical if not extraordinary.

among the bovine race, swine, deer, &c., which are especially exposed in the pastures.[*] The human economy is probably infected with the cysticerci from the use of turbid water contaminated with the eggs of tænia, or from the use of food prepared with the blood of animals containing the embryo of tænia, and which have not been sufficiently cooked; raw meat or imperfectly cooked food, ham or lard raw, or simply smoked and salted, rare beefsteaks, the juice of raw meat, &c., may for the same reason infect us with these parasites.[†]

The existence of cestoid worms in different classes of animals, such as the reptiles, mollusks, articulates, &c., has been as yet too slightly studied. Future researches will probably elucidate points as yet obscure regarding the origin and propagation of some of the species.[‡]

Embryos of Cestoid Worms destitute of Tenacula.—Cysticerci of bothriocephali and of tæniæ without tenacula have not yet been found, as their embryos, being destitute of tenacula, cannot perforate the intestine and then advance into subperitoneal cellular tissue, nor enter the intestinal veins, &c. The embryos of the cestoid bothriocephali and gymnotians being unable to traverse the intestine, fasten to it simply by their suckers, and change into proglottiferous tape worms.

Numerous species of tænia and bothriocephalus are very common in fish and sea birds, wild and domestic ducks, geese, swans, &c. These cause infection by the eggs of their parasites voided with excrement, and by their own bodies when eaten. Thus men and domestic animals living near the borders of lakes, rivers and ponds, who use the contaminated water, may become infected.

In certain conditions of the soil, climate and economy, the contagion takes on an epidemic character. By the report of R. P. Laverlaclère, the waters of Lake Abbitibbi are slimy, disagreeable in taste, and give the T. solium to all who drink them for a certain time; not one of the Indians living near the lake was free from this parasite. They are extremely meagre, and have an enormous appetite.[§] It is very probable that the bothriocephali so common with the Swiss (one fourth of the inhabitants of Geneva, one seventh of the population of the land, being thus affected, according to Odier), and beyond the Vistula, in Poland, in Russia, as well as in Holland, and certain parts of Sweden near the Baltic, at the mouths of rivers, come from the waters of the lakes or streams which the people use. The mountaineers and the inhabitants of the interior of the country are free from these parasites.

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[*] The disease called "*tournis*" (Drehkrankheit) in sheep and oxen, very common in Bohemia, according to Von Siebold, is caused by the brain being infested with the cysticerci of the T. cænurans (*cænures*), probably derived from the eggs and proglottides of the T. cænura which occupies the intestines of the shepherd dogs. These dogs contaminate the pastures with their excrement. It is sufficient to destroy the parasites, says Van Siebold, to check the disease.

[†] It is probable that in man certain cysticerci regarded as C. cellulosæ, and certain tæniæ considered as T. solium, belong to the C. serratus, C. tenuicollis, &c., modified; otherwise the only fresh meat capable of conveying the tænia would be almost exclusively that of the pig, which is contrary to fact.

[‡] Stein (Zeitschrift für Wiss. Zool., b. iv., p. 205) found in the *ténébrion* of flour encysted forms very analogous to the cysticerci of tæniæ. Other cysticerci have been noticed by Meisner (C. arionis), by Van Siebold in the Gummarus pulex, by Wdekem in the Tubifex rivulorum (d'Institute, 1re Section, 1856, p. 82). Herbivorous animals, &c., might be infested from a similar source. The Gryporhynchus pusillus (Nordmann), plates of Wagener (Beitrage zur Entwicklungsgeschichte der Eingeweidewürmer, Harlem, 1857), and found by this helminthologist in the cyprinus tincta, does not sensibly differ from the Echinococcus except by its size being nearly double.

[§] Annales de la propagation de la foi, 1852, p. 75.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Aug. 12th. *Fatty Degeneration of the Heart.*—Dr. Minot reported the following case.

A gentleman, 58 years old, perfectly temperate, and previously very healthy, with the exception of an attack of pleurisy, five years ago, from which he recovered perfectly, had noticed that he was short breathed for a year past. The dyspnœa had considerably increased of late, rendering any great exertion impossible. He was also occasionally troubled with attacks resembling impending suffocation at night, obliging him to rise up and open the window. The functions in all other respects seemed to be well performed, and no disease could be detected by physical exploration. There was no œdema, and the urine (examined once, only) contained no albumen. On the 3d of August, a very hot day, he was suddenly attacked, while walking after dinner, with extreme dyspnœa and intense pain in the shoulders, arms and precordia. External stimulants were applied, and in the course of an hour the dyspnœa was somewhat relieved, but the pain continued for several hours, until it was controlled by large doses of opium. The next day he was removed from his hotel to a private room at the Hospital. On the 4th, there were some signs of pulmonary congestion, such as the expectoration of a small amount of tough, bloody mucus, and dulness, with crepitant râle, in the lower part of right back. He had nausea and vomiting of bile that night and the next morning, apparently in consequence of taking some *veratrum viride*, and died, rather suddenly, at noon. There was some lividity of the skin, and weakness of the pulse, from the beginning of the attack. The mind was perfectly clear.

Dr. Ellis reported the autopsy. The lungs were found to be œdematous, and the right one was uniformly and firmly adherent to the walls of the chest. The heart was large, weighing 1 pound 8 ounces. All the cavities were dilated, and the walls hypertrophied, the right auricle being, perhaps, an exception. The substance of the heart was mostly of a light-red color, but marbled by irregular yellowish-white portions. The wall of the posterior part of the left ventricle was of an uniform healthy red color. The consistence did not appear to be diminished.

On microscopic examination, the striæ of the yellowish-white portion were found to be very indistinct, and the fibres were filled with granular matter, and, in a few instances, with minute globules. Although ether did not appear to act upon the granules and globules, the experiment was not considered decisive against their fatty nature.

The kidneys were of small size. Their cortical substance was decidedly granular. The Malpighian bodies were very distinct, owing to their congestion. The tubuli were seen by the microscope to be filled with granular matter.

The urine taken from the bladder was of a milky color, owing to a large amount of urates, and contained some albumen.

The body was much stiffened, from having been kept in ice.

Dr. Minot was surprised at the result of the microscopical examination, since to the naked eye the heart appeared to contain a large amount of fat. Moreover, the abdominal parietes, and other parts of the body, were loaded with fat.

Dr. Bacon did not consider the absence of globules to be a proof that there was no fat in the tissue. It might exist in a granular state, and this would be more likely if the body had been congealed. Moreover, when in the granular state it would be less easily acted on by ether.

Aug. 12th. *Inhalation of Ether in Puerperal Convulsions.*—Dr. Storer reported the following case as an illustration of the good effect of the inhalation of ether in puerperal convulsions. He had been requested to see, in consultation, a woman in convulsions. She was at the eighth month of pregnancy, with a full pulse, and had been bled, after which she rallied slightly. She then had three more convulsions in the course of an hour. The os uteri was slightly dilated. Ether had already been given, and Dr. S. advised that it should be continued upon the slightest appearance of convulsions. He afterwards learned from the physician in attendance that the convulsions were perfectly controlled by the ether; in a few hours labor came on, the woman was delivered of a still child, and recovered. The child was probably dead before the convulsions came on.

Dr. C. E. Ware asked what proportion of cases of convulsions had been successfully treated by this method, in Dr. Storer's experience.

Dr. Storer said he did not think he had ever given ether under these circumstances without beneficial effects. Within the past year he had seen six or eight cases, in all of which he thought the remedy did good. He did not mean to say it was infallible, but that it had been of great service in his experience.

Dr. Ware had tried ether but once in puerperal convulsions; in that case it had not the slightest effect in arresting the convulsions, which went on till delivery, and the woman died.

Dr. Storer said that one of the most remarkable cases of the favorable effect of ether in puerperal convulsions he had seen, was the one he reported to the Society, April 22d, in which the patient had had a convulsion every hour for ten or twelve hours. Ether was then given, after which she had one slight paroxysm, and no more. The urine in that case was excessively albuminous.

Dr. J. Bigelow remarked that puerperal convulsions might be divided into different classes, particularly the hysterical and epileptiform, and it was fair to conclude that the different forms required different treatment. When convulsions tend to, or terminate in coma, it is in vain to expect good from ether. In the hysterical variety, ether might prove a palliative, though the patients would generally recover after labor without any treatment. He thought the diagnosis was more important than the treatment. Within the last year he had seen two cases of puerperal convulsions, in consultation; in one, the spasms were violent, but there was no other unfavorable symptom. It was decided to rupture the membranes, and in a short time dilatation came on, the woman was delivered, and both mother and child did well. In the other case, the woman was absolutely comatose, and died. In the first case, ether would have acted as a palliative ; in the other, it would have been of no avail.

Dr. **Storer** had seen very decided effects from ether in this affection, in cases where the urine contained large quantities of albumen, and in which there was no evidence of hysteria.

Dr. **Cabot** thought that the danger from convulsions was in some degree dependent upon the rapidity with which they occurred ; and just as the poisonous effects of strychnia are controlled in a measure by keeping the patient perfectly still, so we might expect ether to be of service in puerperal convulsions, by arresting the paroxysms, or diminishing their frequency.

Dr. **White** asked if it were known whether albumen existed in the urine previous to the convulsions, in these cases ? It was stated by good authorities that the albuminuria was caused by mechanical pressure on the kidneys during the paroxysm.

Dr. **Storer** was not aware that the urine had been tested before the paroxysm came on in any case which he had seen, but where there is great œdema, as frequently happens, for some time before the convulsions appear, we may reasonably conclude that albumen had existed in the urine previously to the convulsions.

Dr. **Tyler** said he did not recollect a single case in which he had given ether by inhalation for the convulsions of epilepsy, or *paralysie générale*, or hysteria, where he did not feel sure that it acted as a perfect palliative.

Dr. **Ayer** asked if it were safe to give ether in cases of organic disease of the brain ?

Dr. **Tyler** said he had often given it in such cases, and had never observed any evil effect from it.

Dr. **Jackson** observed that in some cases of puerperal convulsions he had found an effusion of blood ; and in others, nothing is found which will account for death, in which last we may suppose that the patient dies from nervous irritation.

Dr. H. J. **Bigelow** thought that ether acted favorably in puerperal convulsions by quieting the exhausting action of the muscles.

Dr. E. **Palmer** said he had relied on ether alone in three cases of puerperal convulsions. They all recovered, and the coma seemed more quickly relieved, and the convalescence more rapid than usual ; but the ether did not seem to have any marked effect in controlling the convulsions.

Dr. **Dalton** said his experience was decidedly in favor of the efficacy of the inhalation of ether in puerperal convulsions.

Aug. 12th. *Desquamation of Cuticle in a Living, New-born Child.*—Dr. **Read** said he had attended a woman who was prematurely confined in consequence of having fallen down stairs. The hands and feet of the child were denuded of cuticle, which hung from them in shreds. The child was apparently at the eighth month, and lived twenty-four hours. There was no other sign of disease. The case showed that desquamation of the cuticle is not always a sign that the fœtus has been dead a considerable length of time.

Dr. **Storer** said the case was one of much interest, and confirmed the view he had always maintained and taught, that desquamation of the cuticle is not a sure sign that the child has been dead a long time.

AUG. 12th. *Phimosis in New-born Children.*—Dr. WHITE read the following extract, which he had translated from a new Vienna journal (the *Jahrbücher*), concerning the phimosis of new-born children, a subject to which Dr. JACKSON had several times called the attention of the Society. (See this JOURNAL, Vol. LXII., page 325.)

"Dr. Bokai, Superintending Chief Physician of the Children's Hospital in Pesth, has written a treatise on the cellular adhesion of the prepuce to the glans in children, in a physiological and pathological point of view. On the strength of numerous observations, Dr. B. distinguishes three degrees of adhesion:—

"First, when the union between the foreskin and glans is limited to its corona; this degree is observed both in large and very short foreskins, also among the circumcised, and occurs in children after the first year.

"The second degree represents the junction of the inner half of the glans with the foreskin. The latter is generally capacious and long. This form is observed in the second half of the first year of life; also in the first few months, and up to the third year.

"The third degree is the congenital phimosis of the new-born, which is often accompanied by a union of the orificium externum urethræ.

"As a symptom common to all these three degrees, we have pain, swelling, redness, and bleeding of the glans, even, when the foreskin over the place of juncture is drawn back with violence, and when the tissue forming such adhesion, which generally consists of a layer of cylindrical and oblong cells, arranged upon each other in the most various order, offers a somewhat greater resistance. This adhesion Dr. B. has found 86 times in 100 children between the ages of 5 hours and 13 years; but in general it is much more frequent and of a higher degree in the younger children. It deserves notice in circumcision, and as a cause of onanism (since the collection of the smegma produces irritation), and of impeded urination in the new-born."

AUG. 12th. *Forcible Separation of the Connection between the two Upper Bones of the Sternum, and of the same between the Fifth and Sixth Cervical Vertebræ.*—Case reported, and specimens shown by Dr. JACKSON. The patient, a laboring Irishman, aged 25 years, was attempting to get upon the front platform of a horse-railroad car, when he was struck upon the breast, and thrown down upon his back. He entered the Hospital three hours after the accident, under the care of Dr. Clark, and lived a little more than three days. There was loss of the power of motion and of sensation below the injured vertebræ; and, soon after entrance, priapism. Mind not affected. The two upper sternal bones were hinged together by the fibrous expansion on their posterior surfaces; but otherwise the separation was complete. The two vertebræ were entirely and pretty widely separated, rather than dislocated. Upon the right side of the sixth vertebra, as much of the bone as formed the anterior portion of the canal for the vertebral artery, was broken, but otherwise there was no trace of fracture. Theca, at the seat of injury, entire; spinal marrow, to the extent of an inch, red, and much softened.

Dr. J. showed, from the Society's Cabinet, a sternum, in which the same accident had happened as in the present case. In regard to the vertebræ, he remarked that two or three other cases, at least, of the kind had occurred here, though they are considered generally as so very rare.

AUG. 26th.—*Empyema; Thoracentesis; Death from Hæmorrhage.*—Dr. MINOT reported the case.

The patient was a young man 23 years old, a tin and iron worker, who attributed his disease to exposure to cold, while at work on the roof of a house. He gave up work May 8th, and was treated for pneumonia and pleurisy. He had had, however, cough and expectoration ever since January. He entered the Hospital, July 4th, much prostrated, unable to speak without difficulty, with a cough and expectoration of thick, greenish, purulent mucus. The respirations were from 36 to 40, and the pulse about 116 in the minute. He could not lie down, and was obliged to recline towards the right side, to avoid coughing. The left chest was flat on percussion throughout, with the exception of the upper fourth ; and the respiratory murmur was also absent to the same extent. Nothing especial was noticed on examination of the right side, except that the impulse of the heart was heard below and to the outerside of the right nipple. Between the ninth and tenth ribs, and about three inches behind a line dropped from the nipple of the left side, was a soft, fluctuating tender swelling, and a little above and behind it was another similar one, but smaller.

The next day (July 5th), the chest was punctured at the lower swelling, and upwards of four pints of pure pus were discharged, to the immediate relief of the patient, who was at once able to lie down without inconvenience. The heart returned to its normal position, and the respiration could be heard throughout most of the left chest. The circumference of the chest was diminished about an inch and a half. The canula slipped out of the wound in a few hours, and the puncture closed In a few days the chest filled up again, and the heart was felt beating at the apex of the sternum. Metallic tinkling, and a loud succussion-sound, could be heard all over the left chest.

On the 22d, the chest was again punctured, at the same place, and the canula secured in the wound. It was afterwards replaced by an elastic catheter, which gave less inconvenience to the patient. A solution of iodine was thrown into the chest daily. The discharge was free, and never offensive. The general condition improved, and the patient sat up, partially dressed, most of the day. The cough and expectoration diminished. The rib, at the place of puncture, however, was found to be carious. The patient was allowed good diet, with stimulants

On the evening of Aug. 17th (twenty-six days after the last puncture), he was found to be faint, and, on examination, blood was seen issuing from the opening. The wound was plugged with lint, but though the quantity of blood lost was not large, he continued to sink, and died in two hours and a half.

At the autopsy two pints of coagulated blood were found in the left pleural cavity, whose walls were everywhere covered with a thick, rough, firm false membrane. The costal pleura and parietes of the thorax, on the same side, were in several places deeply eroded, as if the pus had pointed there, before the puncture was made The ribs were exposed and denuded at several points The vessel from which the blood escaped could not be found. The left lung was much compressed against the spine, but still contained air. At its apex was a small cavity, and lower down, another, still smaller, in the neighborhood of which was a mass of yellowish-white tubercle. In various parts of the lung were gray granulations, isolated, or in groups. Many of the same granulations were found in the upper lobe of the right lung, and, at one point, softening. The right pleura was healthy. The heart was quite small, and occupied the median line.

The hæmorrhage in this case probably came from one of the intercostal arteries, which must have been opened in the process of necrosis of one of the ribs. From the small quantity that escaped from the chest, it seems likely that the ulcerated vessel was not situated near the puncture. The condition of the lungs and ribs showed that the operation could not have saved the patient, even had not hæmorrhage occurred ; but the great relief it afforded would fully justify its being performed in another, similar case, as a means of both relieving suffering and of prolonging life.

Aug. 26th.—*Malignant Disease of the Large Intestines ; Death from Peritonitis, the result of Perforation.*—Dr. C. D. Homans showed the specimen, and read a history of the case, furnished to him by Dr. John Homans, the attending physician.

Mrs. ———, aged 72½ years, a large, fleshy woman, had enjoyed good health through life, with the exception of about two years, some fifteen or twenty years since, when she had severe attacks of pain during the passage of gall-stones. In July, 1860, she was attacked with diarrhœa, which continued for several weeks, and was followed by acute rheumatism, principally in the joints of the lower extremities, especially the knees. This was attended with pain in the back and loins. The rheumatic affection continued through August, when it gradually subsided, except that the pain in the back rather increased, and persisted during the autumn and winter. Possessed of fortitude and patient endurance, she did not seek medical aid till March, 1861.

On visiting her at that time, she was found suffering from severe pain in the back and left iliac region. The pain, though constant, was not always equally severe, but recurred in paroxysms, and was aggravated by horizontal posture, to such an extent that she could not remain in bed, and gave up the attempt for the rest of her life. On examination of the abdomen, a tumor was felt in the left side, of the size of a hen's egg, about equally distant from the spine of the ilium and the linea alba. It was irregular in shape, and seemed to be in two portions ; it was very hard to the touch, even through the very thick abdominal parietes.

The pulse averaged from 65 to 70 ; the heat of the surface of the body was natural ; face rather flushed during severe paroxysms of pain : the tongue slightly coated : the appetite indifferent, and the dejections regular and natural. During the months of April, May and June her sufferings gradually increased, and her appetite nearly disappeared, although the other constitutional symptoms remained about the same. About the first of July, defæcation became painful, though not always so, and dysuria occurred at times, but not frequently. During the summer she passed daily from two to four hours in driving, which always gave temporary relief ; this habit she followed till within a few days of her decease.

On the 18th of August, she was suddenly seized with excruciating pain in the abdomen, which was scarcely moderated by large doses of laudanum and the inhalation of sulphuric ether. Vomiting ensued, and the bowels ceased their evacuations. Tympanitic swelling, with excessive tenderness, followed. After the lapse of twenty-four hours, the vomiting ceased, and the constipation yielded to aperients and injections. The pulse, which had risen to about 130 immediately after the attack, and had become exceedingly feeble, fell to 110, but its strength was not increased. The intense pain and tenderness diminished, but returned again the next day, and continued very severe till within an hour of her death, which occurred on the 22d inst.

At the autopsy, there was found general peritonitis, the organs of the abdomen being glued to each other and to the walls of the cavity by recent soft adhesions. The omentum, especially, was so adherent to the anterior abdominal parietes as to render some force necessary to separate it. When this separation was completed, there was a gush of more than a pint of brownish-yellow fluid, containing flakes of lymph. In the left iliac region was a tumor, involving the large intestine and all the parts in the neighborhood. This tumor and all the pelvic organs were removed together, and constitute the specimen exhibited. Inside the intestine, at about the junction of the descending colon and the sigmoid flexure, is a sloughy, ulcerated surface, involving the whole circumference, excessively thickened, and very firm to the touch, as are also the neighboring tissues. On incision, the cut surface presented a grayish-white color, interspersed with masses of yellow. A tumor, similar in appearance, apparently consisting of enlarged glands, was found along the left side of the lumbar vertebræ. A probe passed into the ulceration in the intestine, showed itself behind the uterus in the peritoneal cavity. There was no solid fæcal matter either in the intestine or abdomen. The uterus was soft, and contained a dirty, yellow fluid.

The kidneys were fatty and somewhat granular.

The other organs were healthy.

The urine was examined a few days before her death, but not a trace of albumen was found.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 12, 1861.

We have read with some interest, in a late number of the *British American Journal*, an account of the formation of an association for the promotion of botanical science, under the title of the Botanical Society of Canada, together with the first report of its proceedings; and the idea naturally suggests itself why a similar institution does not exist among ourselves. It seems the more strange in a community where many of the physical sciences have been cultivated with considerable assiduity and success, that no organization for the systematic study of one of the most attractive of them should have hitherto existed. To the naturalist, the study of the vegetable world is suggestive and full of interest; while to the physician a limited knowledge of botany is essential to the completeness of his medical education. So little, however, has this subject been cultivated by our students generally, that we suspect few can be found who could point out the natural orders to which the various medical plants belong. It must be allowed, as we have just intimated, that a certain, although it may be a limited, acquaintance with botany is indispensable to a thorough medical education, and many of us are forced to admit that the neglect of its study, due in a great degree to an ignorance of the importance which really attaches to it, has been felt as a positive deficiency, and one not readily made up. With a more intimate acquaintance with the vegetable materia medica would come a better knowledge and appreciation of their medical virtues, the want of which the immortal Sydenham deplored in his day; and which has indirectly led to that growing lack of confidence in the efficacy of drugs so characteristic of our own time.

To the country practitioner, the practical advantage of such knowledge is especially important, in enabling him to recognize at once the character of the various medical plants which everywhere abound, "*pro foribus et in patrio cujuslibet solo,*" and thus leading to the discovery, it may be, of new and valuable medicinal agents.

We see that in one, at least, of the Canadian Schools, some knowledge of botany is now required of the candidate for a medical degree; and why, we would ask, should it not elsewhere form a part of the necessary studies? An acquaintance with the subject is one of the requisites of the Army and Navy Board, and why should not those who aspire to the honors of a doctorate be equally well prepared for the practical duties of the profession?

SULPHATE OF MAGNESIA IN DYSENTERY.—The treatment of dysentery in its earlier stage by neutral salts, has certainly very great success. But why should one select such a disgusting salt, as sulphate of magnesia, when there are others equally good and very palatable? Why force a child to swallow an offensive remedy, when a pleasant one can be had? A scruple of bitartrate of potash to an ounce of syrup of orange peel or tolu has the advantage of being a medicine that "children cry for," and not on account of. It has the advantage also of being a salt of an organic acid. C. E. B.

QUERIES.—Does any druggist suppose, that members of the Massachusetts Medical Society will be induced to patronize his shop because the medicines are got up "by a patented process"?

Because a "menstruum" is "freed from grain oils by a patented process," is it supposed to be any better than if the whole Pharmaceutical Society had it in their possession?

Is there any reason to suppose that our responsible druggists do not all use equally pure menstrua?

Is not faithful attention to the drug business in particular, as good evidence of the perfection of a drug store, as faithful attention to the fancy goods trade and the soda fountain? ???

BRIGADE SURGEONS.—The following Brigade Surgeons have been assigned to duty, to report as ordered below:—S. W. Gross, to Brig. Gen. Robert Anderson. J. D. Johnson, to Maj. Gen. Rosecrans. W. Glendennin, to Maj. Gen. Rosecrans. C. G. Shumard, to Maj. Gen. Rosecrans. J. E. Quidor, to Maj. Gen. D. Hunter. A. B. Campbell, to Maj. Gen. D. Hunter. J. V. Z. Blaney, to Maj. Gen. D. Hunter. O. Martin, to Maj. Gen. D. Hunter. N. R. Derby, to Maj. Gen. D. Hunter. C. McMillan, to Maj. Gen. J. C. Fremont. J. H. Brinton, to Maj. Gen. J. C. Fremont. P. W. Ellsworth, to Maj. Gen. J. C. Fremont. Luther V. Bell, to Maj. Gen. J. C. Fremont. A. H. Hoff, to Maj. Gen. J. C. Fremont.

THE AMERICAN DENTAL CONVENTION.—This Convention met the present year at New Haven, Ct., on the 6th of August, and the session continued for four days. The attendance was large, considering the distracted state of the country, and the papers read by different members were well prepared, and possessed much practical interest. The discussions on a great variety of matters connected with the practice of dentistry were also animated and instructive, and continued without abatement to the hour of adjournment. Prof. Worthington Hooker, of the New Haven Medical School, on invitation, addressed the Convention. In the course of his remarks he alluded to the use of ether in dentistry, and said he did not consider it necessary to produce total insensibility in dental operations, but he believed there was a period of partial anæsthesia in which sensation is lost without a loss of consciousness. The officers of the Convention for the present year are:—Dr. J. D. White, Philadelphia, *President*; Dr. F. Searle, Springfield, Ms., *Recording Secretary*; Dr. B. T. Whitney, Buffalo, N. Y., *Corresponding Secretary*; Dr. John T. Metcalf, New Haven, Ct., *Treasurer*.

EFFECTS OF SANTONINE ON VISION.—The effects of santonine in causing *green* vision have been known for some time, and an oculist of Nantes, M. Guépin, has experimented largely with this drug, hoping to obtain some beneficial therapeutical results from this peculiar property in certain affections of the retina. A case presented by M. Cavasse to the Medical Society of the Seine, last week, further illustrates some of the properties of this drug. A very nervous woman, believing that she suffered from worms, purchased from a druggist a drachm of worm-seed, semen-contra, in order to rid her bowels of their turbulent inmates. Shortly afterwards colic came on, and chancing to look in the glass, she distinctly saw herself pea-green. The fright sufficed to throw her into violent convulsions, and her friends, who believed poison to have been swallowed, rushed in a body to accuse the unlucky chemist of manslaughter. Luckily M. Cavasse, well aware of the properties of santonine, and of its presence in semen-contra, was called in, and able to reassure the terrified family as to the innocuity of the medicine to which so much mischief had been attributed. In due time the toxical effects subsided, the green vision disappeared, and the poor patient, comforted by a second look at the mirror, and by the reappearance of her accustomed tint of complexion, recovered from her panic, morally persuaded, however, that she had narrowly escaped death by poisoning. Similar results have been observed in the tropics as consequent upon bites by serpents, really innocuous, but supposed by the sufferers to be venomous.—*London Lancet.*

CAUSES OF DEATH IN LONDON.—The report of the Registrar-General contains an instructive paper, by Dr. W. Farr, on the causes of death in England in 1859. The most noticeable feature is the rapid spread of diphtheria, the deaths from which epidemic in 1855, were 385; in 1856, 603; in 1857, 1,583; in 1858, 6,606; in 1859, 10,184. Dr. Farr considers that diphtheria was well known in Italy and Spain in the seventeenth century, and that diphtherine, its *materies morbi*, is some modification of scarlatinine. One quarter of all the deaths of the year were caused by zymotic diseases. Smallpox was fatal to 3,848 persons, chiefly, of course, unvaccinated children. Excessive drinking is returned as the direct cause of death in 890 instances, 545 of which were from delirium tremens, and the remainder are simply ascribed to "intemperance." Gout is stationary. The deaths from tuberculous diseases have decreased in number since 1853; while those from bronchitis have increased largely. Diseases of the three vital organs, the heart, lungs and brain, amount nearly to one third of the deaths of the year. Seven persons died from fright, 8 (7 women) from grief, 5 from rage, and 26 women and 21 men from melancholy. Organic lesions, or local irritations productive of convulsions, were the cause of death to more than 25,000, chiefly infants. 27,104 persons only died a strictly natural death, that is to say, from simple old age. Violent deaths amounted to the startling number of 14,649 —or at the rate of 75 in 100,000 annually. Of the 13,056 of these deaths which are ascribed to accident or negligence, 279 were caused by poison. 1,248 persons committed suicide, and 338 met their death by murder or manslaughter.—*London Spectator.*

EFFECTS OF CLIMATE ON NORTHERN AND SOUTHERN TROOPS.—Comparing the Northern soldier with the Southern, we believe the former will withstand the effects of the climate for a short campaign of a year or more better than the latter; and though the popular belief is divergent to this view, the statistics of our war with Mexico fully sustain it, and the published opinion of no less an authority than Dr. Nott, of Mobile, in the *Southern Jour. of Med. and Pharmacy*, for January, 1847, confirms it.

The statistics of the Mexican war are so remarkable, that we present them as we find them, given in a recent number of the *Evening Post*:—

On April 8th, 1848, the Secretary of War made a report to the United States Senate of the losses of the volunteer forces employed in Mexico. From this, it appears that seven Northern States—Massachusetts, New York, New Jersey, Pennsylvania, Ohio, Indiana and Illinois—furnished, in the course of that war, 22,573 men. Of this force, the total loss from disease was 2,931 men; less than one eighth of the whole. Nine slave States—Virginia, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Louisiana, Tennessee and Kentucky—furnished 22,899 men. The loss from this force by disease, and death caused by disease, was 4,315, or more than one fifth; a very considerable difference in favor of Northern troops.—*American Medical Monthly.*

THE pressure of opinion of the English profession against consultation with homœopathists has been too great for Mr. Fergusson, who has taken the stool of repentance. In a note to the London Journals, he says, "I beg to state for the future I shall feel it incumbent on me to decline any meeting or so-called consultations with homœopathic practitioners." All the leading English physicians and surgeons who have been suspected of these delinquencies, have placed themselves right on the record. Although it is manly and noble in a man occupying a high official position to acknowledge his errors, and promise reform, still it is not a little humiliating to learn that a prominent member of an honorable profession can willingly depart so far from its established rules of ethics, as to incur the just censure of his brethren.—*American Med. Times.*

HEALTH OF TROOPS IN THE WEST.—Dr. C. H. Rawson, Surgeon to the Fifth Iowa Regiment, writes from Jefferson City, Missouri, under date of August 25th: —"We have not had a large list of sick until the last few days. Up to two days ago, all the diseases that prevailed were diarrhœa, little dysentery, intermittent fever, and pneumonia. But in the last two days, the type of fever has changed to the remitting character, and will probably run into continued.—*Ibid.*

An important surgical operation is mentioned in the Plymouth *Memorial*, as having been performed in that town by Dr. Gordon, on the fractured skull of a child—several pieces being removed from the substance of the brain. We should be pleased to publish a full report of the case from Dr. G. when the result of the operation is known.

LONDON HOSPITAL.—Mr. Luke, the Senior Surgeon, has resigned the office he has held for many years with much distinction. Mr. Critchett will, in the ordinary course, succeed to the full Surgeoncy. Mr. Couper, Demonstrator of Anatomy to the College Hospital, is a candidate for the vacant Assistant-Surgeoncy.—*London Lancet.*

SALE OF MEDICAL PRACTICES IN PARIS.—Sales of this kind, so common in this country, have always been declared illegal by the higher courts of France.

Only very lately a change in this respect has taken place, and one of the upper courts has recognized the validity of such a sale.—*Ibid.*

AT a meeting of the Royal Medical and Chirurgical Society of London, Mr. Hulme exhibited a patient who had an absence of the iris from both eyes, and he was examined by Mr. Dixon and others present with the ophthalmoscope. The ciliary processes could be distinguished, and a portion of the crystalline lens was opaque. Such a deficiency is believed to be very rare, but Mr. Hulme informed me that there had been as many as half a dozen cases of the kind at the Royal Ophthalmic Hospital, Moorfields, within a twelvemonth; and he said these cases proved that the iris was not actually necessary for the regulation of sight, for in all vision was pretty good.—*London Correspondence of British Am. Med. Jour.*

A NEW CAUSTIC FOR TOOTHACHE.—The following treatment is recommended by Dr. Calvy, of Toulon, for the neuralgia proceeding from carious teeth. The carious cavity is first to be cleaned out, and then a piece of cotton, steeped in a solution of six grains of acetate of morphia in an ounce of nitric acid, is to be applied to its interior. As soon as the caustic penetrates into the carious tooth, the pain ceases, and the patient is cured. After the application of the caustic, the cavity should be filled with cotton steeped in the sedative solution of opium, and afterwards permanently plugged.—*Br. Med. Jour.*, from *Gaz. des Hopitaux.*

THE income of St. Bartholomew's Hospital, London, in 1860, was £35,589 16s. 4d. Of this sum, £27,537 12s. 3d. was from rentals of lands; £4,625 6s. 6d. dividends on stocks; £2,253 2s. 9d. tithes, timber, &c.; £90 from the collegiate establishment; and only £184 from benefactions.

VIVISECTIONS IN PARIS.—The practice of operating on living animals, which has been carried on for years at the veterinary school of Alfore, near Paris, has lately been prohibited by order of the authorities.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, September 7th, 1861.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week, ...	46	44	90
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	50.3	51.2	101.5
Average corrected to increased population, ...	..	..	113.3
Deaths of persons above 90, ...	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
8	18	1	0	2	0	2	3	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . .	30.096	Highest point of Thermometer, . . .	76.0
Highest point of Barometer, . .	30.270	Lowest point of Thermometer, . .	49.0
Lowest point of Barometer, . . .	29.930	General direction of Wind, . . .	W.S.W.
Mean Temperature, ...	64.8	Am't of Rain (in inches) . . .	0.00

MARRIED,—In this city, 3d inst., Jonathan E. Leavitt, M.D., U.S.A., to Mrs. Mary E. Bates, of Roxbury.—At Albany, N. Y., 4th inst., William G. Wheeler, M.D., of Chelsea, Mass., to Mrs. C. A. Jones, of A.

DIED,—In this city, 5th inst., Dr. Jonas H. Lane, 61.

DEATHS IN BOSTON for the week ending Saturday noon, September 7th, 90. Males, 46—Females, 44.—Accident, 3—apoplexy, 2—disease of the bowels, 2—inflammation of the bowels, 1—disease of the brain, 1—bronchitis, 2—cholera infantum, 18—cholera morbus, 1—consumption, 8—convulsions, 4—croup, 1—diarrhœa, 3—dropsy, 1—dropsy of the brain, 5—drowned, 1—dysentery, 2—epilepsy, 1—typhoid fever, 3—gastritis, 1—disease of the heart, 1—infantile disease, 2—intemperance, 3—laryngitis, 1—disease of the liver, 1—inflammation of the lungs, 2—marasmus, 4—measles, 1—old age, 1—paralysis, 2—premature birth 2—syphilis, 1—tabes mesenterica, 1—ulcers, 1—unknown, 6—whooping cough, 1.

Under 5 years of age, 50—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 4. Born in the United States, 73—Ireland, 13—other places, 4.